

WORKSHOP REGISTRATION FORM

| Name: | |
|--|--|
| Home Address: | |
| Home phone: Cell phon | ne: School phone: |
| Email: | |
| School: | District: |
| Classroom Teacher: | K-2: 3-6: |
| Arts Specialist: | K-2: 3-6: |
| Paraprofessional: | K-2 3-6: |
| Please rank the art forms in order that you would like to receive training, 1-5: | |
| Dance Drama Mu | usic Visual Art Media Arts |
| Special dietary restrictions or other needs: | |
| Full Conference registration | Literacy Day registration only: |
| Registration fee: Early registration: \$ After April 1: \$ | · · · · · · · · · · · · · · · · · · · |
| Discounted Registration for schools within the BYU-Public School Partnership: (Alpine, Jordan, Nebo, Provo, Wasatch) | Discounted Registration for schools within the BYU-Public School Partnership: (Alpine, Jordan, Nebo, Provo, Wasatch) |
| Early registration: \$\bigcup \$\\$ After April 1: \$\bigcup \$ | |

Mail registration forms to: BYU A.R.T.S. Partnership,149-H MCKB,Provo, UT 84602

Please make checks payable to Provo School District. No refunds given after June 1st.

RELICENSURE OR CREDIT AVAILABLE

EARLY REGISTRATION DEADLINE APRIL 1, 2007